

**Fee Subsidy Application****for Licensed Child Care and Eligible Recreational Camp Program**

Applicants will be contacted by telephone to review the application and set up an appointment with a case manager.

The information requested on this application is used to determine an applicant's financial eligibility for fee subsidy.

Application does not guarantee eligibility.

**Start date:** \_\_\_\_\_

(dd/mm/yyyy)

## Section 1: Applicant Information

### Applicant 1:

Relationship:

- if "Other" please specify:

Last Name:

First Name:

Previous Name (if applicable)

Date of Birth (dd/mm/yyyy)

Marital Status:

Email:

Address:

Apt./Unit No.

City:

Postal Code:

Municipality:

Contact Phone No.:

Preferred language of communication:

- if "Other" please specify:

Best time to contact you by telephone, Monday to Friday, between 8 a.m. and 4 p.m.:

### Applicant 2 (if applicable):

Relationship:

if "Other" please specify:

Last Name:

First Name:

Previous Name (if applicable)

Date of Birth (dd/mm/yyyy)

## Section 2: Application History

Have you applied for fee subsidy with the United Counties of Leeds and Grenville in the past?

Is your child(ren) currently attending a licensed child care program or recreational camp program?

If yes, what is the name of the child care program site or recreational camp program – list all:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Section 3: Reason for Fee Subsidy Application

#### Applicant 1:

Reason for fee subsidy application:

Other (please specify):

#### Employment Information

Employment Status:

Company Name:

Comments:

#### School Information

Status:

School Name:

Comments:

#### Applicant 2 (if applicable):

Reason for fee subsidy application:

Other (please specify):

#### Employment Information

Employment Status:

Company Name (if applicable)

Comments:

#### School Information

Status:

School Name:

Comments

## Section 4: Information of Children for Whom you are Applying

### Child 1

Last Name:	First Name:	Gender:	Child's Date of Birth:
			(dd/mm/yy)

What type of care is required?

### Child 2 (if applicable)

Last Name:	First Name:	Gender:	Child's Date of Birth:
			(dd/mm/yy)

What type of care is required?

### Child 3 (if applicable)

Last Name:	First Name:	Gender:	Child's Date of Birth:
			(dd/mm/yy)

What type of care is required?

### Child 4 (if applicable)

Last Name:	First Name:	Gender:	Child's Date of Birth:
			(dd/mm/yy)

What type of care is required?

**Section 5: Income Information (from your most recent Federal Income Tax Notice of Assessment (NOA))**

Financial eligibility for fee subsidy is based on the net family income as shown on line 236 of your most recent Federal Notice of Assessment or Canada Child Tax Benefit.

Your application cannot be processed without your financial information. To obtain a copy of your Canada Child Tax Benefit, contact the Canada Revenue Agency at 1-800-387-1193. To obtain a copy of your Notice of Assessment call 1-800-959-8281.

Net family income from line 236 in your Federal Income Tax Return:

	Year		Year	
Applicant 1: \$	<input type="text"/>	+	Applicant 2: \$	<input type="text"/>
				= Total: \$ <input type="text"/>

Please return your completed application to:

**Mail/Drop off:** Community and Social Services Division  
Children's Services, Fee Subsidy  
200 - 25 Central Avenue, West  
Brockville, ON K6V 4N6

**For drop off:** Drop off box available at the entrance of the building

**Fax:** 613-342-8908

**Email:** [ccfeesubsidy@uclg.on.ca](mailto:ccfeesubsidy@uclg.on.ca)

If you have any questions or require assistance while completing this form, please call 613-342-3840, extension 2351, Monday to Friday from 8:00 a.m. to 4:00 p.m.

Once your application is received, you will be contacted via telephone to set up an appointment.